

TRAVEL VOUCHER QUESTIONNAIRE

Full Name (as shown on your ID): _____ Social Security # (last 4 digits): _____

Mailing Address: _____

Phone #: _____ Email Address: _____

Starting Point (City & State of Home or Office): _____ Birth Date: _____

Ending Point (City & State of Home or Office): _____ Sex: M ☐ F ☐

Check off the box (B, L, D) for each meal that **YOU** paid for.

Date	Location at Midnight (City, State)	B	L	D	Lodging	Lodging Tax	Baggage	POV Mileage	Parking
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Other expenses (Rental Car, Gas – Rental Car, Laundry)	Expense:	Expense:	Expense:	Expense:	Expense:	Expense:
Date						
Amount						

Shuttle Service ☐ Taxi/Cab Fare ☐ Tolls ☐ (check all that apply) **Total:** \$ _____

Please include your Emergency Firefighter Time Report (OF-288) and receipts, except meals.

Mail To: Sandra Williams
USDA – Forest Service
231 North Main Street
Rutland, VT 05701

Contact Information: 802-353-7523 (Cell)
802-747-6737 (Work)
802-747-6766 (Fax)
swilliams04@fs.fed.us